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ABSTRACT

This collection of abstracts, designed to assist White House Conference on Aging delegates involved with research on aging, presents information from 16 Technical Committee Reports which focus on implications of an age-integrated society, employment, support systems, health issues and services, the family, long-term care, older Americans as a national resource, research, and retirement income. Of the 41 abstracts from the Mini-White House Conference Reports, 10 deal specifically with health care issues: alcoholism, Alzheimer's Disease, vision, hearing impairments, foot care, oral health care, long-term care, mental health, national health security, and nursing. Eleven mini-conference abstracts focus on the aging of specific populations, e.g., American Indians, Blacks, Asian Americans, Hispanics, Euro-Americans, women, veterans, rural elderly, urban elderly, low income persons, and the institutionalized elderly. The remaining mini-conference abstracts deal with services, self-sufficiency, stereotypes, housing, and other issues relevant to aging. Abstracts are also presented from the State White House Conference Reports of all 50 states as well as the District of Columbia, Guam, the Navajo Nation, the Northern Marianas, Puerto Rico, and the Virgin Islands. (NRB)

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WHITE HOUSE CONFERENCE ON AGING, 1981

Abstracts of the Technical Committee Reports, Mini White House Conference Reports, and State White House Conference Reports

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CG 015995

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Preface

The abstracts in this collection have been taken from the basic materials prepared for the 1981 White House Conference on Aging (WHCoA): Technical Committee Reports; Mini White House Conference Reports; and State White House Conference Reports. The abstracts have been prepared by the National Institute on Aging to assist delegates who are dealing primarily with research on aging issues although other delegates may find them useful, as, for example, the abstracts on Technical Committee Reports.

No attempt has been made to edit the original material; the abstracts, therefore, represent as faithful a rendering of the original Reports as possible. They are designed solely to facilitate the work of delegates who must sift through a large volume of material pertaining to research during the course of their deliberations.

The legend which follows is provided to assist users of the abstracts in identifying the abbreviations, notations and symbols which have been used in the interest of brevity.

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Legend

AAA - Area Agencies on Aging
AoA - Administration on Aging
ANSI - American National Standards Institute
CETA - Comprehensive Employment and Training Act
EPA - Environmental Protection Agency
FCC - Federal Communications Commission
FCOA - Federal Council on Aging
FDA - Food and Drug Administration
HHS - U.S. Department of Health and Human Services
HCFA - Health Care Financing Administration
HRA - Health Resources Administration
HUD - U.S. Department of Housing and Urban Development
IRS - Internal Revenue Service
LTC - Long Term Care
NCHS - National Center for Health Statistics
NHI - National Health Insurance
NIA - National Institute on Aging
NIAAA - National Institute on Alcohol Abuse and Alcoholism
NIH - National Institutes of Health
NIMH - National Institute of Mental Health
OASI - Old Age and Survivors Insurance
VA - Veterans Administration
WHCoA - White House Conference on Aging

Symbols

♀ - female
♂ - male
1° - primary or primarily
2° - secondary or secondarily
↑ - support, stimulate, increase or encourage
↓ - decrease, diminish
R&D - research and development
Rx - treatment

White House Conference on Aging

Technical Committees

Age-Integrated Society - Implications for the Economy

Age-Integrated Society - Implications for Educational Systems

Age-Integrated Society - Implications for Government Structures

Age-Integrated Society - Implications for Societal Institutions

Age-Integrated Society - Spiritual Well-Being

Creating Age-Integrated Society - Media

Employment

Family, Social Services and Other Support Systems

Health Maintenance and Health Promotion

Health Services

Implications for the Family

Long Term Care

Older Americans As a Growing National Resource

Physical and Social Environment and Quality of Life

Research

Retirement Income

WHCoA

Technical Committee on Age-Integrated Society - Implications for the Economy

Principle

1. Strong and sustained national economic growth essential to current and future well-being of elderly (Gains already achieved for the elderly were made largely by a productive economy). Hence:*

2. Recommendations

   - o Employment opportunities for elderly should be ↑.
   - o Government and private sector should cooperate to ↑ personal saving.
   - o ↑ income transfer program for poorest elderly is the quickest, significant remedy for income inadequacy.
   - o ↑ domestic private investment aimed at improved productivity and economic growth.

*And do this without creating intergenerational conflict by utilizing the combined strategy described above - because of heterogeneity of the elderly group.

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Technical Committee on Age Integrated Society - Implications for Educational Systems

1. ↑ life-long learning programs -- older persons' information on knowledge and skills for survival, employment, life enrichment; barriers to education must be ↓; education especially needed in era of rapid social change.

   Can: reduce isolation.

   - o ↑ understanding of late life and ↑ coping skills.
   - o ↑ awareness and use of options -
     - economic opportunities and information.
     - new roles.
     - physical well-being.
     - life enrichment.

2. Barriers - $, ↓ mobility, handicaps, ↓ health, ↓ transportation, attitudinal; institutional disinterest.

3. Education an inherent right for all age groups:

   Recommendations:

   - o Federal government -
     - ↑ research and research training to ↑ scientific knowledge about the process of normal aging, the aging society and the circumstances of the elderly via investigator-initiated and government-directed research - all as a way of improving education and service programs.
     - investigate nature and scope of age discrimination in U.S. and intervention strategies.
     - ↑ educational programs for elderly - especially to improve elderly health and social functioning, employment opportunities.
     - evaluate all relevant Federal educational programs conducted by Federal agencies.
     - ↑ support for educational programs designed to prepare personnel for working with elderly.

Technical Committee on Age Integrated Society - Implications for Educational Systems

- o States -
  - define educational needs of their elderly.
  - examine educational programs for discriminatory policies.
- o Educational Institutions and Scientific Organizations -
  - become familiar with changing role of education in our changing society and potential exclusionary policies involving the elderly.
  - consider implications of changing, aging society for their memberships, ↑ public understanding, ↑ service to elderly.
- o Private -
  - ↑ accessiblity by elderly to all educational programs they fund/sponsor with ↑ participation by elderly as planners and teachers and learners.

Key Issues

1. ↑ Educational Opportunities for Older Adults.
2. Education of personnel to serve elderly.
3. Education about aging -
   - inclusion of materials on aging into elementary, middle, and high schools.
   - preparation of teachers?
   - sensitivity to needs of elderly?
   - role of mass media, telecommunications?
   - ↑ research on education and aging.

WHCoA

Technical Committee on Age-Integrated Society - Implications for Government Structures

Need -

1. to develop the role of government vis a vis the elderly and relevant strategies to achieve objectives plus structures needed to achieve them.

2. prevailing mode of dealing with elderly leads to fragementation, piece-meal approach, special-purpose legislation without priorities and with variable implementation.

3. role of government has obscurred effects of non-government structures in meeting needs of elderly - family, private, social institutions, etc.

4. four major issue areas or themes:

   A. Public policy and policy development

      - o a need for categorical Federal and state agencies for elderly?
      - o need policy priorities and role clarification, e.g., AoA and FCOA; state vs. Federal government role; removal of disincentives to state initiatives; role and resources of AAA's?
      - o participation by local elected officials?

   B. Organization and management

      - o need to unify income and health financing within HHS.
      - o ↑ program management - set national goals and priorities, ↑ flexibility of options by state/local administrators, streamlining of Federal requirements and goals, establish program and performance standards.
      - o analyze need for an impact of categorical approach to developing services and supports for the elderly.
      - o options -
        - create a Federal Department of Aging?
        - place AoA and other components (?) in Social Security Administration?
        - reorganize AoA with greater autonomy and independence in HHS?
        - develop Aging Policy Council - key subcabinet officials who have major responsibility for elderly?

Technical Committee on Age-Integrated Society -
Implications for Government Structures

- appoint Assistant Secretary for Aging in each Department or agency having responsibilities for aging programs?
- develop President's Council on Aging - cabinet level officials?
- ↑ administrative relationship between SSI and OASI?

C. Federalism, fragmentation and flexibility

- use network management as a coordination strategy?
- ↑ maximum flexibility in local choice making and conflict resolution regarding implementation of national programs.
- designate cities and countries as AAA's?
- enhance role of indigenous aging "network" - ethnic and social groups, families, neighborhoods?
- ↑ role of private structure.

D. Advocacy and Advisory Structures

- appropriateness of advocacy operations by one agency with another?
- can part-time FCOA serve demands of policy advocacy?
- White House level counselor as advocate?
- appropriateness of combining planning, services and advocacy in same local, state organizations?
- efficacy of citizen redress programs?
- means of citizen input on national programs (OASI and Medicare)?
- role and effectiveness and evaluation of citizen advisory bodies?
- criteria for membership on advisory bodies.

5. Develop specific measurable objectives on these issues, cost-benefit data, assignment of responsibilities and information feedback mechanisms.

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Technical Committee on Age-Integrated Society - Implications for Societal Institutions

1. The phrase "age-integrated society" - taken as point of departure for discussing how new associations and mutually supportive relationships involving persons of all ages might, if facilitated by public policy, benefit all Americans, e.g., effort to encourage intergenerational interaction, ↑ status of older Americans, include them in mainstream of society and to rediscover them as a national resource.

2. Consensus that the ideal future will be limited by the realities of old age - but more by our ability to achieve political consensus about social objectives and ingenuity in implementing them.

3. Continued social integration into societal mainstream of younger more functionally capable elderly is a primary concern with services more emphasized for older elderly to counteract increasing impairment and dependency.

4. Chronological age only a gross indicator of capacity, behavior and need.

5. Ageism and negative stereotypes are changing but there remain diffuseness and confusion about policy objectives. Can social ingenuity and political skill achieve a society in which a new status for older people will help insure that needs and aspirations of all citizens will be served?

6. Three alternative options or "images" of a future society vis a vis the elderly:

   A. Age irrelevance stressing policies like:

      - o ↓ mandatory retirement.
      - o ↓ age-based privileges, exemptions and programs.
      - o replace FCOA with Federal Council of Age Equity.

   B. Updating the Boundary and Social Meaning of Old Age, e.g. -

      - o change 60 to 75 (i.e., 75 and older appears still to warrant special consideration).
      - o prohibit mandatory retirement before age 75.
      - o shift age-based eligibility for untested eligibility for services to age > 65.
      - o target special programs on very old.

Technical Committee on Age-Integrated Society -
Implications for Societal Institutions

C. Society that recognizes older Persons have a Special status and Special responsibilities

- o this was preferred by the Committee.
- o image of elderly as a concept of "veteranship" - a new status ("survivorship"?) characterized by liberation, enhanced choice, entitlements, authority and opportunity to work, retire, education, ↓ discrimination, ↑ intergenerational contact, ↑ social roles that enhance respect for elderly and their continuing contributions.

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Technical Committee on Age-Integrated Society - Spiritual Well-Being

1. Memberships in institutional religious bodies number 146+ million constituting the largest group of community centers of caring and fellowship for older adults - and foci for voluntarism in healing, supportive and educational services. The churches and synagogues:

- o uphold dignity of life of elderly and human worth and "wholeness" and the quality of life.
- o ↑ meaning of life.
- o ↑ support for times of stress and conflict, death, dying.
- o mediate theological, ethical and spiritual values in a pluralistic, secularist society.
- o stress concept of spiritual well-being as an integral part of the wholistic view of the individual. "Spirituality" transcends the narrowly religious and includes all intangible non-material needs, aspirations.
- o can aid in reshaping societal attitudes critical to the achievement of an age-integrated society and in humane policies regarding the elderly.
- o provide services.
- o strengthen the family in aiding their elderly or, in some cases, acting as family surrogates.
- o serve as places of identity, belonging and refuge.
- o aid in humanizing bureaucracy and technology.

2. Recommendations

- o church and state collaboration needed at all levels to promote education for aging, delivery of services and wholistic needs throughout lifespan.
- o church and synagogue self examination to assure standards conform to traditions revering long life and dignity, ↑ human worth and continued growth, ↓ ageism and gerontophobia.
- o use of religious sector instrumentalities to funnel public funds for the elderly.

Technical Committee on Age-Integrated Society -
Spiritual Well-Being

- o foster wholeness concept of elderly.
- o foster education/training for addressing spiritual needs and care of the elderly.
- o foster services which are wholistic.
- o ↑ reimbursement of spiritual care services.

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Technical Committee on Creating Age-Integrated Society - Media

1. elderly have negative image, false stereotypes influenced by the media which can also ↑ intergenerational communication, and form and perpetuate cultural values and role models; age discrimination by media in employment.

2. role of oldsters as consumers of media, participants in producing media.

3. impact of new media technology on elderly.

4. o little attention paid to portrayal of elderly by media in their programming as well as in key issues of concern to them.

   o stereotypes abound.

5. Research

   o age not often a variable in studies (especially for ♀ and minorities) on impact of media; research is fragmentary with few forums for such studies; long lag time on publication.

6. Age discrimination in media employment - management, reporters, executives; appearance a factor; few roles written for older actor.

7. Technology

   Elderly not represented among cable subscribers.

8. Key Issues -

   o Media portrayal of elderly and dissemination of information about them.

   o Discrimination in media employment.

   o New media technology.

9. Recommendations -

   o Media portrayal and monitoring of programming for elderly; educate media to elderly needs and issues, ↑ FCC inquiry for media stereotyping.

   o Establish National Council for Mass Media and Older Persons

      - ↑ research on media portrayal and program activity.

      - ↑ advocacy.

      - ↑ elderly programming.

      - publish magazine on these issues.

Technical Committee on Creating Age-Integrated Society - Media

- o Research
  - on process by which attitudes about aging and the elderly are mediated, especially involving women/minorities.
  - AoA, NIA, and Department of Education encourage research on portrayal of elderly in radio, public broadcast, game, talk show, films, texts, etc.
- o Discrimination in Media Employment
  - enforce compliance with Age Discrimination in Employment Act and 1964 Civil Rights Act to ↑ use of older actors, actresses and minorities on TV.
- o Utilization of Media Technology
  - consider telecommunications technology as a useful tool for providing services to elderly.
  - elderly involvement in cable franchising process.
  - ↑ clearinghouse on telecommunications technology.

Technical Committee on Employment

1. Sound long-term national economic policy requires a clearly enunciated policy on extended worklife, necessitated by:

   - o demographic change.
   - o retired/employed adults.
   - o ↑ demands on public and private retirement income resources.
   - o vocational educational and manpower resources disproportionately directed to younger workers.

   Recommendations

   1) age-neutral hiring, employment and training standards; via collaborative public-private efforts.

   2) utilization of skills of all workers efficiently, creatively, effectively, humanely and equitably.

   3) ↑ central value of individual's right to work or not work unfettered by arbitrary or intrinsically desirable age constraints, tax policies or retirement benefit formulations, or aging myths.

2. Recommendations

   - o Federal government with state and local governments should review tax policies to eliminate barriers and disincentives to employment for elderly.
   - o should be no differential in employer benefit contributions based on age (amend Age Discrimination in Employment Act).
   - o ↑ flexible work arrangements by both management and labor - shared work, part-time jobs, training for second careers; extended worklife should be included as a goal of collective bargaining (National Labor Relations Act).
   - o CETA and other publicly supported training and manpower programs → equitable help to all age groups; Title V (Older Americans Act) Senior Community Employment Program should be ↑.
   - o ↑ research

   The Federal government and private sector should promptly undertake a major research and demonstration effort to:

Technical Committee on Employment

- develop and test a utilization strategy for age-neutral occupational performance appraisal tools and personal functional capacity measures for application to a wide range of current and developing occupational categories.

- assess value of mature skills, costs and productivity of various age groups in diverse jobs.

- ↑ facts on skills, attitudes and productivity of older workers and disseminate them.

o ↑ education and training for new and second careers - especially in periods of unemployment or when unemployed.

3. Government is employer of "last resort" if marketplace doesn't come up with enough jobs.

Technical Committee on the Family, Social Services and Other Support Systems

- Continuum of comprehensive services should be made available which links family, informal and formal support, private and social service programs.
- income floor.
- in-home and community based services and ↑ family care and support of older persons.
- ↑ self determination and choice in decisions affecting services.
- ↑ wellness programs.
- ↑ service innovations - respite care, day care, congregate living arrangements, hospice, etc.

Technical Committee on Health Maintenance and Health Promotion

Research

1. Critical need for new knowledge in geriatric dentistry, including the physiology of aging and information to define optimal oral health for the elderly.

2. Research on elderly minorities has been negligible in the past; their numbers and needs have not been adequately defined.

3. Special research is needed to define the health problems and needs of older women.

4. Research is needed in the area of health maintenance and health promotion to more clearly define the elderly population in the U.S., identify the needs of the elderly with reduced function or chronic disease and develop programs to maintain and enhance the productivity of the elderly.

5. Further research should be conducted on the nutrient requirements of older persons in order to plan effective educational approaches.

Report of the Technical Committee on Research on Health Services

1981 White House Conference on Aging
(WHCoA)

-Summary-

The subject report is one of the 16 Technical Committee reports which were prepared under the auspices of the WHCoA.

Recommendations of the report are predicated on the conviction that the overriding goal of U.S. health policy for the elderly in this decade should be quality of life emphasizing maximum functional independence (MFI); this is the common theme which links recommendations which have been made. Medicare's essential commitment to the best possible acute care should be preserved, but should be balanced with and linked to cost-effective preventive and long-term services:

- public and private institutional arrangements should enhance the physical and mental activity and social involvement of older people (e.g., flexible retirement policies and gradual increase in the normal retirement age, improved functional and performance evaluations, volunteerism, job counseling, task assessments, etc.);

- the elderly should have access to a Medicare-approved roster of good primary care practitioners who emphasize responsible and continuing surveillance, a schedule of periodic preventive services, referrals as needed, long-term and terminal care and centralized medical records;

- Medicare should provide for all elderly fixed-amount coverage for drugs and services of major allied health professions (e.g., dentistry, vision, hearing, foot care, etc.);

- Title XVIII Medicare reforms are needed (e.g., in the direction of supporting primary care, long-term and preventive services and reimbursement of their providers; enhancing benefits for psychiatric care; repealing sections prohibiting payment for preventive services and custodial care; establishing a limit on cost-sharing; reimbursement for appropriate long-term care whether institutional or home-based; negotiating prospective rates of reimbursement);

- a new service to coordinate community-based long-term care should be established in the Social Security Act,

- humane terminal care should be an essential aspect of good health care for the elderly and be confirmed by specific legal, medical and organizational arrangements, including hospice care and "death with dignity" statutes;

- professional training in geriatrics and gerontology should be enhanced at all levels of health care training and in the post-graduate and continuing education phases;

- geriatric health services and applied research must have more support; e.g., functional assessment, effectiveness of different configurations of nursing personnel, cost-benefit prevention research, research on iatrogenic effects of treatment and outcome norms, etc.

Technical Committee on Implications for the Family

- at a time in the evolution of a fast-moving, changing U.S. society and family and sex roles patterns, the family is ironically still the best and needed support for the elderly but is not being supported by social policy for doing so (i.e., for playing this role).
- inflation acts to tighten this situation by making the elderly even more dependent upon their families.
- intergenerational contact and interaction breaking down.
- government services pitched to an extra-familial focus.
- therefore, there is a need for a new social policy for elders to develop respected new roles for later life:
  - focus on family as basic support unit (not individual) and support thereof.
  - training community and education for families and care givers.
  - ↑ integenerational research and family research generally (foster grandparents, day care centers); ↑ proximity of elderly to family.
  - ↑ $ to local social support systems.
    - end discrimination in social services for elderly.
    - end asset tests for SSI.
  - ↑ home care and innovations therein.
  - ↑ respite care support for families.
  - co-insurance or deductible concept for long-term care.
  - ↑ tax credits for families with elderly, tax abatement, allowances, etc.
  - ↑ hot lines for adult abuse.
  - ↑ demonstration projects for potential of family support of minorities, ethnics and low income.

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Technical Committee on Long-Term Care

Recommendations

1. focus is the individual person who has functional disabilities and is in need of assistance.

2. public policy should ↑ capability of the individual and his family via tax incentives, income supplements, etc. - a pluralistic system with full medicaid reimbursement.

3. each community should have a long-term care system:

   - o case management; assessment; eligibility determination.
   - o continuity of care.
   - o data.
   - o control over reimbursement to providers.
   - o mental health.
   - o utilize community help and volunteers.

   entitlement for all > 75 and for those < 75 who are disabled

4. define and refine techniques for quality and appropriateness of care.

5. strengthen all programs which address various aspects of long-term care.

6. Federal funding for emergency situations where gaps must be filled.

7. study feasibility of funded social insurance program for long-term care.

8. don't jeopardize well-being of non-impaired spouse by discriminating policies.

9. develop Federal housing strategy to provide social supports, foster independence and avoid institutionalization.

10. make in-home services available if at same cost as inpatient cost.

11. train, recruit professionals and non-professionals for long-term-care service.

Technical Committee on Long-Term Care

Long-term care really involves a spectrum of social and health services provided in a variety of settings - not just institutional. Therefore, a need for an organized and coordinated delivery system of long-term care that is cognizant of social and health needs; must re-balance institutional and non-institutional components, encouraging not institutionalization but maximum functional independence. Since 80% of care and support available for elderly comes from family or other informal support systems - these must be supported in any long-term-care system.

Long-term care should be made available to all elderly with functional limitations who need assistance, whether at home or elsewhere, in a flexible manner, with options and respect for cultural, religious and ethnic preferences with preservation of rights and dignity of the most vulnerable.

Technical Committee on Older Americans As a Growing National Resource

Findings

1. Problems created by ↑ retired population, (inflation) ↑ life expectancy —> ↑ demands on public and private retirement income systems and social medical and community services.

2. Talents, skills and experience of elders being wasted despite ↑ service needs, because of ageism, negative stereotypes, ↓ transportation.

3. Advantages of employing older people - ↓ maternity, reliability, judgement, skills, work orientation, availability.

4. Need options for elders to enable them to contribute to society and help themselves.

5. Income inadequacy a problem for elderly.

6. Majority of elderly are physically, mentally and emotionally capable of sustained productive work.

Recommendations

1. Federal Government

   - o ↑ employment opportunities, e.g.: Special Assistant to the Secretary of Labor for Older and Retired Workers.
   - o Similar position for State Employment Offices via the U.S. Employment Service.
   - o U.S. Department of Labor expand training, counseling, placement services for older Americans using elderly as trainers, etc.
   - o Include elderly in CETA.

2. Recommendations for Employers (public and private)

   - o ↑ positions for older persons to take advantage of what they can offer.
   - o Reexamine job descriptions, requirements and personnel policies.
   - o Match functional job requirements with individual abilities and interests - rather than age.
   - o ↑ innovations in work schedules, part-time work, job redesign for elderly where possible.

Technical Committee on Older Americans As a Growing National Resource

- o Non-discriminatory policies.
- o ↑ counseling to elderly.
- o ↑ employment of older women.

3. Recommendations for Volunteer Sector

- o Elderly seen as powerful advocacy force for ↑ general welfare.
- o ↑ Federal $ (2X) to employ low-income elderly in community service work - Green Thumb, RSVP, Foster Grandparents, etc.
- o Expand efforts by volunteer agencies to stimulate volunteerism.
- o Match functional job requirements to individual abilities and interests.
- o Reimburse for travel expenses.

4. Recommendations for Local Communities

- o ↑ utilization of older persons.
- o ↑ community councils which include elderly to ↑ employment, service opportunities.

5. Recommendations for Educationl Institutions

- o Expand educational programs to assist older workers to reenter or continue in labor force.
- o ↑ education for elders and counseling on educational opportunities.

6. Recommendations for Media

- o Combat negative stereotypes and ↑ knowledge about contributions of elderly and advantages of hiring them (or as volunteers).

7. Recommendations for Public/Private/Non-Profit Sectors

- o Assess transportation, safety, access needs of elders as workers or volunteers.

8. Recommendations for Older Persons Themselves

- o ↑ involvement in ↑ opportunities to work, contribute to community.

WHCoA

Technical Committee on Physical and Social Environment and Quality of Life

"Quality of life" represents composite of physical, intellectual, social, emotional and spiritual well-being; choices, autonomy; economic and physical security; access to services; exercise of interests and preservation of values, dignity, self worth and positive perception of elderly by society at large.

Hence, need for four "threshold" recommendations —>

- o Quality of Life for Elderly Impact Statement.
- o Major concern of policy making at all levels should be total well-being of elderly with concern for interrelationship and coordination of major areas cited below.
- o Age Discrimination Act of 1973 should be strictly enforced and rights publicized.
- o ↑ private sector awareness of needs of elderly persons.

1. Housing

- o Suitable, affordable housing seen as entitlement of elderly (from Older Americans Act of 1965); progress has been made but expansion of supply is still needed - especially in rural areas (as well as urban inner cities). Must find ways to help elderly revitalize and preserve own homes as well as provide array of options for those who can't live independently (e.g., congregate family housing assistance).

  Recommendations

  - National goal of 200,000 units each year and collaboration between relevant Executive departments to find ways of reducing costs of producing and maintaining suitable housing - perhaps by demonstration projects.
  - ↑ funding for new and rehabilitated housing for elderly.
  - ↑ stimulus for housing production for elderly by pension funds, etc.
  - All government levels should review housing programs serving elderly to ensure their special needs are being met (in area of special design features for safety, ↓ energy, etc.); closest proximity of health and social services; good site selection (transportation and safety and shopping); state coordination of planning and funding sources for housing and related services through a single Federal agency; assistance should be provided to elderly homeowners to enable them to maintain and retain homes (help with repairs, tax relief, energy costs, other expenses); help families to retain oldsters.

Technical Committee on Physical and Social Environment and Quality of Life

2. Transportation

Special needs of elderly as consumers of transportation (as well as drivers, pedestrians).

Recommendations

- National goal of providing adequate, accessible and affordable transportation for elderly - ↑ $, fare relief, etc.
- Improve design and delivery of transportation services for elderly.
- ↑ volunteer services to provide transportation for elderly (mileage deduction, etc.).
- driver's licenses based on ability, not age.
- ↑ elderly pedestrian and driver safety.

3. Crime

Recommendations

- All governments should ↑ anti-crime strategies for all; compensation for victims; ombudsman program in long-term care facilities.

4. Legal Services

Recommendations

- Reauthorize Legal Services Corp. (LSC) and Older American Act - legal services should be a mandated priority in provision of social services.
- ↑ $ for legal services by AoA, LSC, private bar and review of structure and operation of the manner in which the elderly are served; free guardianship services? visitation rites for grandparents?

Technical Committee on Physical and Social Environment and Quality of Life

5. Arts and Humanities

Recommendations

- Funding of arts and cultural services as a social service (amend Older Americans Act).
- ↑ demonstration projects (AoA) to test innovative approaches to enhancement of quality of life via arts and humanities.
- ↑ funding for employment of elders in cultural activities via CETA.
- Integrate cultural services into social service network and ↑ employment opportunities for elderly artists, actors, writers and frail elderly should also be included in programs of cultural institutions; ↑ oral histories stressing local and cultural heritage.
- ↑ research to measure impact that cultural activities have on the physical and mental well-being of older persons and longevity.

6. Creative Use of Time

o Quality of life related to quality of leisure.

Recommendations

- AoA should ↑ pre-retirement planning.
- ↑ $ for recreation and education programs.
- ↑ library services tailored to needs of elderly.
- ↑ awareness of educational, recreational needs of elderly.
- ↑ physical fitness programs for elderly and standards and guidelines pertaining thereto.
- ↑ programs in long-term care facilities similar to those outside.

WHCoA

Technical Committee on Research

I. Introduction

New knowledge is needed to meet the challenges of society's fastest growing segment, the aging population; Federal support for research is only one-tenth of one percent of expenditures despite the magnitude of those expenditures on health care,
p.1 income maintenance and service delivery. Research on aging touches both on factors which make life meaningful as well as possible. The delay and prevention of infirmities and disabilities, which often accompany advancing age and their treatment when they do occur, and maximization of independence require knowledge that can be gained only through long-range, painstakingly pursued and dedicated research.

II. Trends

A. Diseases and disabilities of human aging are not inevitable and many can be alleviated or eliminated by understanding the biological mechanisms and social processes of aging.
p.2 Understanding the basic causes of aging will lead to a greater realization of the span of human potential and the reasons for the increased susceptibility to the diseases of aging.

B. We need new knowledge on the variations in social, economic, ethnic, and environmental contexts of aging in order, for example, to expand opportunities for involvement and productivity of older persons as growing national resources.

C. The population over 65 is growing at a rate of 1,600 persons per day with the greatest growth in the number of persons 85 and over, which is expected to double in the next 50 years.

III. Key Issues

There are many unanswered questions which need research, such as:

A. How can the period of healthy and active life for older people be lengthened?

B. Why do women outlive men?

p.3

C. What are the special needs of ethnic and minority elderly?

D. Why is it that all living cells age but some age more rapidly than others?

E. How can we improve the health care and service delivery system rather than merely escalating the cost by billions of dollars every year?

Technical Committee on Research

IV. Recommendations

A. Follow-up activities for the implementation of recommendations of the 1981 WHCoA should be authorized and funded by Congress.

B. 1. A manpower study should be mandated to determine the manpower needs for research on aging in order to insure that the manpower supply will be available to meet the anticipated needs.

2. Adequate resources should be provided to the NIA to implement the Research on Aging Act of 1974 to train a broad spectrum of research investigators needed in gerontology and geriatrics including research training in the social, behavioral, biological and clinical aspects of aging.

3. Sufficient funds should be appropriated to the AoA to support training and research on policy related issues, such as evaluation, availability and appropriateness of services.

C. Multidisciplinary centers should be established for research and training with regard to major problems of aging, e.g., physical and mental health, work, retirement, long-term care, and the development of teaching nursing homes.

p.5

D. The NIA should be given responsibility for coordination of research on aging in the U.S. with that of other cooperative nations.

E. A clearinghouse should be established to coordinate and disseminate its findings of research on aging supported by adequate funding and staff to make research findings readily available. Lead responsibility for this should be undertaken by the NIA through formalization of its Ad Hoc Interagency Committee on Research on Aging.

F. Opportunities should be provided by the same Interagency Committee for the exchange of information on life support systems, communication, environmental regulations, mobility, and health services that could be adapted for the benefit of older persons.

Technical Committee on Research

G. A major increase in Federal funds for research, research training and demonstration should be appropriated immediately
p.6 to relieve the critical shortages in those areas with planning for increases to a level commensurate with industry's investment in research and development, i.e., 5% of total outlay.

H. Private foundations and corporations should be encouraged by government agencies to invest in research on aging.

Supplementary View by Seymour S. Kety, M.D.

The report on research on aging properly emphasizes the magnitude of the national, social and personal problems involved and points out the inadequacy of our national commitment to the acquisition of new knowledge which is the only means by which these problems will be reduced and ultimately alleviated. The report goes too
p.7 far in attempting inadequately to spell out a comprehensive list of specific needs and a satisfactory and national program of research to address them, i.e., the major weakness of the present report is its lack of comprehensiveness. In its present form, the report could be mistaken for a complete statement of research needs and priorities — which, given the constraints of time upon the committee, it is not. The development of a thoughtful and comprehensive program of research on aging should be left to those most knowledgeable and best situated to do so, i.e., the NIA in concert with other institutes of the NIH and the NIMH. It is recommended that the present ad hoc technical committee on research lend its support to their efforts rather than attempting to duplicate them.

Technical Committee on Retirement Income

(Majority view)
After a lifetime of productivity, the elderly deserve retirement with dignity and independence with the most important ingredient in a secure retirement, other than good health, an adequate income. The committee believes that equity and prudence dictate that the elderly receive a retirement income beyond that needed for just bare subsistence. Social Security has traditionally provided the bulk of basic retirement income for most earners.

1. Principal findings (selected)

   - o Social Security (SS) constitutes the mainstay of the elderly population and provides invaluable, irreplaceable protection to the family at all stages of life;
   - o SS faces short-term and long-range funding problems that are manageable;
   - o In 1979, 3.6 million persons over 65 remained in poverty; 29% of single elderly women (1.7 million) live in poverty and 62% of single black elderly women were poor; moreover, some 25% of the elderly (5.9 million) lived in "near poverty" — 125% of the poverty measure;

pp.2-3

   - o SS accounts for all or nearly all of the retirement income for over half of those age 65 and over;
   - o SS, on the average, actually replaces less than half of former earnings of couples;
   - o Private pension plan coverage is sparse among women, minorities, part-time workers, and the non-unionized, among others, is generally not fully indexed to inflation and covers just under half of even the private work force;
   - o The funding of many state and local government pension plans raises questions as to their future ability to honor commitments.

2. Summary of Prinicipal Recommendations

The committee supports:

   - o Continuing the role of Social Security as the principal provider of income for those with below average earning, as a source of retirement income for all but the highest earners and continuing full cost-of-living adjustments for Social Security benefits;

Technical Committee on Retirement Income

- o The improvement of spouses' and divorced persons' rights in Social Security and pension schemes based on the principle that marriage is an economic partnership;
- o Fifteen other specific recommendations listed in the Executive Summary on pp.4-5.

The committee opposes:

- o Raising the SS retirement age which would cut benefits to those elderly who are most needy;
- o Reducing food stamps to the elderly;
- o Imposing mandatory private pension coverage;
- o Liberalizing Keogh and IRA maximum contributions.

3. Reassessment of Income Goals

- o Poverty line -- the committee regards the "poverty" line as arbitrary and inappropriately low even as a minimal measure, yet substantial numbers of elderly persons, especially widows over age 75, receive income below the poverty line. Instead, a "near-poverty" level of 125% of the poverty level is recommended;

pp.6-7

- o A better standard for long labor is the Bureau of Labor Statistics' "Intermediate Budget."

4. Discussion of Major Recommendations

Fuller narrative found on pp.7-12.

5. Supplementary View of Victor E. Hruska, J.D.

Inflation is the arch enemy of all people but is especially cruel to the retired who are tied to a fixed income. Older Americans demand an all out fight against inflation. He recommends the IRS follow the lead of states that exempt those over 65 from income tax for the first $10,000 of income from any source. Use of general revenue funds to finance Social Security is opposed.

p.13

White House Conference on Aging

Mini Conferences

Aging and Vision

Alcoholism and the Aging

Alzheimer's Disease and Related Disorders

American Indian/Alaskan Native Elderly

Arts and Humanities

Black Elderly

Challenging Age Stereotypes in the Media

Concerns for Low Income Elderly

Consumer Problems of Older Americans

Elderly Hearing Impaired People

Energy Equity and the Elderly

Environment and Older Americans

Euro American Elderly

Foot Care

Hispanic Aging

Housing

Intergenerational Relations (Strategies for Linking the Generations)

Legal Services

Life Long Learning for Self Sufficiency

Long-Term Care

Mental Health of Older Americans

National Health Security

New Directions In Funding and Program Priorities for the Aging,
The Interrelationship of Government, Private Foundations,
Corporate Grantmakers and Unions

Mini Conferences

Nursing

Older Veterans

Older Women

The Oral Health Care Needs of the Elderly

Pacific American Territories

Pacific/Asians: The Wisdom of Age

"Public/Voluntary Collaboration: a Partnership in Contributing to Independent Living for the Aged"

Recreation, Leisure and Physical Fitness

"Rediscovering Governance - Nonservice Approaches to Problems of the Aged"

The Rights of the Institutionalized Elderly and the Role of the Volunteer

Rural Aging

Saving for Retirement

Self Help and Senior Advocacy

Senior Centers

Simplification Symposium

Spiritual and Ethical Value System Concerns

Transportation for the Aging

Urban Elderly

Mini WHCoA - Aging and Vision

Recommendations

I. Public Education

C. Media and environments especially related to information and educational material could be made more useful/helpful to older people with vision problems.

- printed publications - guidelines for visibility and intelligibility of communications materials should be developed by National Bureau of Standards in conjunction with professional advisory groups and consumers and made available to media.

- physical environments - functionally based guidelines should be developed on the particular ways the physical environment should be modified to meet the needs of older people who are partially sighted or sensitive to conditions of glare or diminished light. These should be integrated into American National Standards Institute and other standards and used in commerical buildings, residences, etc.

- print alternatives (radio and recorded matter) for the blind.

- removal of barriers to wider use of print alternatives - re: FCC regulations, copyright laws.

V. Research

A. Recommendations regarding coordination of the research enterprises in vision and aging.

o government agencies should develop a strategy for coordination of their research efforts and a comprehensive national research agenda in vision and aging, including joint funding of meritorious proposals.

o mechanisms should be explored for fostering closer working relationships among the professions and scientific disciplines in research on vision and aging; might include the development of centers combining research and diagnosis with service delivery involving integrative training programs and use of existing journals and symposia to familiarize a broader population of professionals with the problems of vision and aging.

B. The need for research to be performance (task) oriented.

o special attention must be given to supporting and funding of performance-oriented research to better identify and evaluate the vision characteristics of the elderly and to rectify or ameliorate functional disabilities.

C. The need for social policy analyses and improved population data on vision and aging.

- o population-based data collection is needed on a national scope to conduct policy relevant analyses such as:
  - needs assessments for services, research and technological development in aging and vision.
  - epidemiological studies.
  - cost-benefit analyses of services and cost control of service delivery.
  - evaluation studies of programs and technology.
  - better research on consumer protection and related consumer issues regarding vision care and prosthetics.
  - deployment strategies (getting devices into the hands of users and attendant problems).

VI. Finance and Legislation

B. Policy and financing of research in vision impairment and related high technology.

- o increased funding should be made available for research in vision impairment, including high technology; National Eye Institute, National Institute on Handicapped Research, and private sector.
- o research centers should be established or enlarged to combine large client populations and researchers in multiple disciplines.

III. Low Vision and Policy

C. Research and technology for low vision and policy.

- o funding of low vision research should be encouraged related to aging in both public and private sectors, be problem-oriented and clinically based in the following areas:
  - epidemiologic studies of high-risk ethnic populations concerning visual impairments.

Mini WHCoA - Aging and Vision

- low vision rehabilitation centers to develop a problem-solving approach to functional vision difficulties and develop connections between lab research, clinical practice and rehabilitation services.

- ↑ psychophysical investigations of methods of vision evaluation related to function and performance.

Mini WHCoA - Alcoholism and the Aging

Recommendations

1. Research and Development

   o ↑ national task force to coordinate research on the effects of alcohol and aged, e.g., the National Academy of Sciences, e.g.:

   - identification of cases;
   - differential Rx;
   - rehabilitation;
   - continuity of care;
   - metabolic/physiological aspect of alcoholism in aged;
   - nature and kinds of alcohol abuse seen in elderly;
   - treatment models and effectiveness;
   - interaction of alcoholism, psychological and socioeconomic and life change factors;
   - Federal government - fund and monitor research and evaluation.

   o establish research priorities and funding to evaluate treatment models - May 1982; series of "best practice seminars" to disseminate findings - April 1983; development of a mechanism for incorporating effective Rx models into a system for practitioners training by April 1984.

2. Education and Training

   o public information and curricula for professional staff and trainees, e.g., NIA, NIAAA, HRA, AoA, develop a contract for the development of curriculum guidelines by June 1982.

3. Increasing Utilization of Existing Services

4. ↑ Effectiveness of Rx

   NIA, NIAAA, AoA develop guidelines for quality and scope of Rx for aging alcoholic and of followup and support groups.

   o need high quality, low-cost model program of comprehensive service to elderly alcoholic: NIAAA, AoA (with help of NIA and HCFA) should lead in including such a model in their authorizing legislation.

Mini WHCoA - Alcoholism and the Aging

5. Increasing Availability and Accessibility of Services

6. Protection of Patients' Rights

Problems

Mini WHCoA - Alzheimer's Disease and Related Disorders

* We are spending $1,000 on maintenance for every $1.00 spent on research for the disorder!

Recommendations

1. ↑ research support is needed as well as efforts to attract additional investigators:
   - natural history.
   - etiology (pharmacology, genetics, virology, toxins, vascular, immunology, biochemistry).
   - pathology and pathophysiology.
   - animal models.
   - cause and range of phenomenology.
   - objective measures of brain function.
2. Need specialized centers for realistic clinical management.
3. ↑ responsive social support system.
4. ↑ education.

* Prevention should have primary emphasis with the priority of prevention, cure, Rx, assistance and care.

Mini WHCoA - American Indian/Alaskan Native Elderly

"We are Indian People. Let us be who we are." (maintain tribal cultures)

Recommendations

1. Family-Based and Age-Integrated Programs
2. Social Services - Direct Funding to Tribes
3. Guaranteed Annual Income
4. Long-Term Care
5. Availability and Appropriateness of Social Services for Indian Elders

Issues

Research:

- o ↑ demographic research - specific for Indian elderly
  - disease rates;
  - life expectancy;
  - nutritional needs, patterns.

pp.12-13

- o ↑ biomedical, social and behavioral research.
- o need for improvement of the relevance, quality and sensitivity of such research that has been done.
- o Indian-relevant research must be done on Indians in context of their own culture which takes tribal diversity into account.
- o research on significant life experiences

  (2° to Federal policies (Indian Reorganization Act of 1934, etc.).
- o research on Indian elderly is such that it does not benefit the Indian community.
- o need more Indian people to carry out research on Indians.

Mini WHCoA - Arts and Humanities

The value of the arts and humanities to the lives of older people and their contributions to the cultural vitality of the nation are commonly appreciated but seldom understood and documented through research findings:

Recommendations

1. Research

   o ↑ the actual and applied research using public and private support exploring all aspects of the arts and humanities related to aging and older people, e.g.:

   - correlations and variations in creativity over the life span and particularly in later life.
   - implications of different cultural definitions of creativity in later life.
   - myths and stereotypes concerning creativity in later life.
   - effects of involvement in the arts and humanities on the physical and mental health of older people.
   - NIA expansion of its new interest in the creativity of older adults.
   - encourage a variety of research methodologies - scientific techniques as well as approaches drawn from the arts and humanities.

   o a resource center should be developed (government, non-profit organization or university) to gather and disseminate information and data about the arts, humanities and aging.

   - bibliographies on arts and humanities and aging.
   - national directory of artists and humanities scholars involved with older adults and gerontology.
   - publish a periodical on the arts, humanities and aging, disseminating research findings and programmatic activities.
   - convene a co-sponsor workshop, seminars, and conferences on issues relating to the arts, humanities, gerontology and older persons.

Mini WHCoA - Arts and Humanities

- the formulation of public policy relating to aging issues should take advantage of the multiple perspectives offered by the humanities.
  - utilize scholars (history, ethics, philosophy and jurisprudence) to help pose and clarify issues in health care, work and leisure, social security and private pensions, life-long learning, etc.
  - encourage humanities scholars to undertake and fund sources to support policy-oriented research concerning culture and aging.

Mini WHCoA - Black Elderly

1. Income

2. Crime

3. Employment

   o ↑ research (government and private) and dissemination effort to accomplish by 1985 -

     - development and testing of age-neutral performance appraisal tools and personal functional capacity measures.

     - gather and disseminate information to employees and general public concerning skills, experience and productivity of middle-aged and older workers.

4. Education

5. Research

   o ↑ cost-benefit analyses to determine most effective way to improve economic well-being of older Blacks.

   o ↑ research on extent to which urban areas are becoming centers for Blacks and other elderly poor; ↑ research $ for evaluation of the impact of these demographic trends on urban social service delivery.

   o ↑ research as possible impact of revising medicare for all Americans and establishing a comprehensive NHI.

   o ↑ research on elderly Blacks' belief in folk medicine and their use of home health and other services.

6. Housing

7. Long-Term Care

8. Mental Health

   o ↑ $ for research on mental health needs of elderly Blacks.

9. Rural Elderly

10. Community Support Systems

Mini WHCoA - Challenging Age Stereotypes in the Media

Workshops

1. Develop an ongoing Media Center - to educate the media to present positive and realistic images and combat stereotyping of older people, etc.

   o do research work based on data received from media monitoring.

2. Cable TV: Future Visions

3. Commercials: Bane or Blessing

4. Print Media: The Potential

5. Innovation: New Program Ideas

6. Discrimination in Media Employment

7. Public Service Announcements: How to Write and Get Them on the Air

8. Radio: How to Have Your Own Program

9. Monitoring and Media Activism

Mini-WHCoA - Concerns for Low Income Elderly

Issues

1. Retirement Income
2. Health Services
3. Long-Term Care
4. Nutrition
5. Energy
6. Transportation
7. Employment and the Work Ethic
8. Housing
9. Urban and Rural Service Delivery

Mini WHCoA - Consumer Problems of Older Americans

Recommendations

1. Consumer Education

   - o new partnerships should be established between the research and educational communities to accelerate and facilitate effective application of relevant research findings.

2. Need for Food and Nutrition Research, Development and Surveillance of Health and Disease Problems, e.g.:

   - o relationship between diet and degenerative chronic diseases.
   - o specific nutrient needs in presence of decreased caloric intakes.
   - o improved understanding of the dietary patterns and nutritional status of both well and chronically ill older individuals.
   - o ↑ understanding of interaction between foods, nutrients, diets - drugs, environmental contaminants and food additives.
   - o ↑ food and nutrition research, development and surveillance concerned with maintaining health and reducing disease must be ↑ at all levels of the scientific community.
   - o ↑ support for grant, contract and intramural research of agencies like NIH, FDA, USDA, etc., as well as by private sector, state-supported universities with medical and allied health schools; implementation of the national nutritional status monitoring system recently submitted to the Congress.

3. Social and Emotional Aspects of Eating with Respect to Physical Health

   - o additional research should be undertaken in this area.

Mini WHCoA - Elderly Hearing Impaired People

Recommendations

1. Research - needed on:
   - o genetic basis on elderly hearing loss;
   - o ↑ studies of inner ear;
   - o noise-induced hearing loss;
   - o relationship of hearing loss-isolation-and onset of terminal disease;
   - o relationship between noise-stress-violence in multigenerational families;
   - o improved hearing aids - better quality at ↓ $;
   - o technological services other than hearing aids.
2. Training
3. Health-Related Institutions
4. Self-Help Organizations
5. Hearing Health Care Costs
6. Communications Access
7. Public Information/Awareness/Education

Discussion and Conclusions - Research

- o ↑empathy research;
- o hearing loss counseling;
- o "denial syndrome."

Recommendations

1. Health Research and Service Programs

Federal agencies should be required to:

- o disseminate information to elderly and their families on healthful energy conservation.
- o ↑ demographic and medical research into impact of curtailed energy use on health, comfort and well-being of the elderly.
- o get out information to health professionals on:
  - effects of heat and cold and reduced energy consumption on the elderly.
  - recognize and treat health-related problems in the elderly attributable to temperature extremes and energy limitations.
  - enable providers to prescribe and disseminate information that will prevent hypo- and hyperthermia-related illnesses and injuries.

Recommendations

1. Health Impact

- o reduction of exposure to environmental hazards.
  - hazards should be identified and the public's exposure regulated by Federal and state laws.
  - current standards of chronic low-dose radiation should be reexamined periodically and appropriate research conducted, particularly with regard to fission products and their effects upon older people.
- o Use of National Death Index
  - Data sets, such as NDI and those from HCFA, Social Security and IRS, should be used to access the relationship between lifelong environmental exposure and cause of death; (with safeguards to protect individual privacy).
  - an appropriate agency should have access to key data sets, and working with other agencies, should exercise surveillance of acute and continuous hazards that impact on disease, discomfort and quality of life.
- o Emergency Procedures in Environmental Alerts
  - appropriate public agencies should identify in a systematic way, the range of life- or health-threatening conditions, particularly with reference to more vulnerable population groups.
  - the most appropriate procedures in response thereto should be tested and standardized.
- o Research on Environmental Factors that Influence Aging
  - concerned Federal agencies, including EPA and NIH and pharmaceutical industry should ↑ support for research on the cause and progression of aging and on controllable environmental factors that can improve the health and longevity of older persons.
  - support for research in genetics, biochemistry, toxicology and epidemiology should be expanded.
- o Minority Report: Use of Environmental Planning and Design to Foster the Elderlys' Independence
  - a national panel should be established to develop broad guidelines regarding the design of environments that promote independence.

Mini WHCoA - Environment and Older Americans

2. Employment and Volunteer Opportunities

- o new options for the elderly in the enviromental field, Federal government and other public and private resources should study and experiment with:
  - innovative on-the-job environmental training activities.
  - creative intergenerational environmental support programs, job sharing, pre-retirement training for transition to environmental jobs, use of elderly in public information programs, employer awareness programs showing benefits of hiring elderly, expenses-paid voluntary programs in environmental fields, development of jobs whose risks could be borne by elderly.

3. Advocacy and Consumer Participation

- o dissemination of existing data on environmental hazards and the elderly.
  - NIA, etc., should compile a summary of principal environmental health hazards affecting the elderly - in laypersons' terms and data gaps should be identified.
- o HUD and AoA should sponsor research that evaluates public and private housing for the elderly in terms of protection from environmental health hazards and the quality of life. Funds should be made available for both recommendations.

Mini WHCoA - Euro American Elderly

1. Increasing Ethnic and Cultural Sensitivity in Government Programs
2. Improving Health of Elderly Euro Americans
3. Strengthening Family Life of Elderly
4. Enhancing Mediating Structures and Neighborhoods
5. Addressing the Language Barrier
6. Economic Security for Elderly Euro Americans
7. Empowerment and Volunteerism

Mini WHCoA - Foot Care

March 7-8, 1981

No specific inclusion of research issues.

Mini WHCoA - Hispanic Aging

Recommendations

1. Research

   - o ↑ # Hispanic researchers in field of Hispanic gerontology;
   - o research on chronological vs. functional age in Hispanics - building data base as basis for programs;
   - o study of barriers to greater service utilization by Hispanic elderly;
   - o ↑ demographic analysis using 1980 Census - as basis for services;
   - o all government entities = ↑ $ for minority research on aging;
   - o research on informal support systems of elderly Hispanics and their non-institutional supports should be ↑.

2. Long-Term Care
3. Economics
4. Employment
5. Physical and Mental Health
6. Aging Network/Legislation
7. Cultural and Spiritual Well-Being

Mini WHCoA - Housing

Recommendations

1. Owner-Occupied Housing

2. Rental Housing

3. Coordination of Community Resources

Approaches to coordination include:

o ↑ experiments in living arrangements:

p.6 - "house-sharing" by private home owners.

- other shared living arrangements using an agency locator and screening service, cooperative living arrangements involving the purchase or rental of apartments or residences for group living, and small group congregate residences with high levels of support.

4. Research on Housing-Related Topics

o living space needs of older people (65-75) should be analyzed in
p.7 terms of safety, needed redesign and cost effectiveness with respect to providing living space for them as they become older and frail.

o ↑ research on potential housing problems and service needs of older
p.7 people in areas where they will be more concentrated during the next decade, i.e., inner cities, retirement areas, suburbs.

o study is required of how counseling and other supports can assist
p.8 older people in making housing decisions and taking actions such as selling, buying, moving, remodeling, repairing, etc.

o new knowledge is needed about the qualities of effective management
p.8 in planned housing, particularly how the goals of sensitive personal relations, optional service planning and effective financial management can be achieved simultaneously.

5. Education and Personnel Needs

Mini WHCoA - Intergenerational Relations (Strategies for Linking the Generations)

1. Elementary and Secondary Education

   o national action -

     ↑ research to examine effects of intergenerational activities and for the development of effective approaches to intergenerational programs.

2. Higher Education

3. Social Services

4. Transportation

5. Housing and Neighborhood

6. Crime Prevention

7. Religious and Spiritual Well-Being

8. Physical and Mental Health

   o ↑ research (NIA) toward better understanding of the processes and mechanisms that either bind the generations together or keep them apart.

9. Employment

Mini WHCoA - Legal Services

No recommendations on Research.

Mini WHCoA - Life Long Learning for Self Sufficiency

(Strategies for strenghtening life-long learning for self sufficiency)

Recommendations

Themes -

1. Surviving - Learning for Economic Sufficiency

2. Coping - Learning for Practical Life Skills

   - o research needed on structural barriers which impede older person's educational opportunities such as inappropriate curricula, scheduling and teaching methods.

   - o generalized coping skills - develop new knowledge about generalized coping skills, e.g., decision-making, problem-solving, etc.

3. Giving - Learning for Community Contribution

   - o attitudinal research to identify successful approaches to creating a more positive image of the potential role of the elderly should be encouraged.

4. Growing: Learning and Lifespan Development

   - research and demonstrations should be undertaken which will indicate the tangible benefit of self-actualization activities for older persons.

   - o results of basic and applied research and demonstration projects on adult lifespan development and aging should be disseminated at national and local levels.

Mini WHCoA - Long-Term Care

1. Planning and Evaluation

   - o Effective mechanisms should be devised to collect and disseminate research and evaluation data for the assistance of planning, reimbursement and other other long-term care policymakers;
   - o greatly increased social and technical research should be stimulated;
   - o because much long-term care research is fragmented and specialized, a long-term care research and evaluation agenda should be devised which focuses on large-scale, integrative, cumulative undertakings;
   - o existing systems of long-term care delivery are frequently redundant or inadequate; ↑ data in terms of its commonality, timeliness and relationship to decision making; ↑ $ for collecting population data based on the need for services and the supply, organization and distribution of services.

2. Program and Case Management

3. Organization

4. Human Resources

   - o biomedical research on the aging process should be promoted.

5. Financing

Mini WHCoA - Mental Health of Older Americans

1. Research

- o areas that require further emphasis and exploration = alcohol abuse and alcoholism; misuse and abuse of prescription and non-prescription medication; effectiveness of various therapeutic modalities; success of alternative community living situations; needs and assets of families in supporting and coping with mentally ill older persons; clinical syndromes such as Alzheimer's disease, depression and psychosis. Should be relevant to public policy and service delivery and easily available. Research, demo. and knowledge dissemination programs of NIMH, AoA, and NIA should be expanded.

- o ↑ research on social and psychological factors that affect mental health and illness of elderly.

  - late life transitions (role of families, support quality of life system).

  - comparative studies of different types of living arrangements pertaining to quality of life.

  - impact of institutionalization on the elderly, their families and the interactions between them.

- o research on delivery of services and alternative ways of meeting service needs in institutions and in communities.

  - effectiveness/cost effectiveness of alternative service delivery organizations.

  - NCHS should collect more data relevant to elderly.

  - information on clinical outcomes, comprehensiveness of services and costs of services delivered by different types and kinds of providers and provider arrangements, should be examined.

  - the development of various models for the integration of health, mental health and social services should be encouraged and studied for efficacy, cost effectiveness, accessibility and utilization of services.

  - NIMH, NIA, AoA and VA should organize and fund research centers - 20 - engage in multidisciplinary research ("to some extent") - balance between biomedical, psychological, sociological and epidemiological approaches with 1/2 reflecting a "psychosocial and/or systems orientation." Research funding and staffing patterns should have a biological/psychological/sociological balance.

Mini WHCoA - Mental Health of Older Americans

Also

2. Public Information on Mental Health and Aging

- o NIA, AoA, NIMH, etc. should support programs to translate the current scientific information on all aspects of normal and abnormal processes of aging into forms usable by the public - role of family, needs of minority aged, etc.; also present aging stereotypes to media for eradication.

- o NIMH and NIA should support demonstration projects with strong research components on mental health promotion and illness prevention.

Mini WHCoA - National Health Security

1. Declaration of the Mini Conference
2. Conference Resolution

Mini WHCoA - New Directions In Funding and Program Priorities for the Aging, The Interrelationship of Government, Private Foundations, Corporate Grantmakers and Unions

Recommendations

1. ↑ employment opportunities (flex time, job sharing, retraining, etc.);
2. ↑ political participation of older citizens;
3. ↑ one-stop information and referral services;
4. ↑ self-help and mutual aid groups;
5. ↑ housing options and innovative financing;
6. elders as stabilizing influences in "fragile" neighborhoods;
7. ↑ home health care programs;
8. review and streamlining of regulations;
9. integration and coordination of public programs at all levels of government and various agencies;
10. ↑ $ for administrative staff as well as for program activities;
11. ↑ options for use of leisure;
12. compensation for participation of elders in service activities;
13. ↑ $ from voluntary and corporate foundations for aging field;
14. attack on ageism;
15. development of clearly articulated public values and ethics (caring and compassion) to guide those working in the field of aging.

Mini WHCoA - Nursing

March 27-29, 1981

1. The government and private sector should give priority to and provide support for nursing research which would address the
p.2 major health issues of older adults.

- o nursing research conducted in an experimental teaching nursing home would provide new knowledge in the treatment of acute and chronic illness, decubitus ulcers, arthritis,
p.3 staff patterns, incontinence, confusion, Alzheimer's Disease and other senile dementias; also research in hospice care services; long-term care; primary health care, both in the facility and in the community, and "nursing homes without walls."

- o nursing research on self care, health maintenance, quality of life in chronic illness, and assistance to family support networks.

p.20 o ↑ financial support for nurses seeking doctoral preparation; encouraging nurses to focus on research activities on older adults and health services delivery to this population.

- o Federal and local government could encourage investigations
p.20 relating to older adults and their families by earmarking a percentage of reimbursement for their health care services to go toward gerontological nursing research.

Recommendations

1. Research

   o ↑ Geriatric Research Education and Clinical Centers

Mini WHCoA - Older Women

1. Insuring Adequate Income

2. Health Concerns

   o ↑ sensitivity of medical researchers and educators to neglected areas of concern:

      - health promotion, disease prevention.

      - self help, mutual help.

   o alcohol and drug abuse.

      - combat over-prescription of drugs based on ageist and sexist conceptions of older women.

      - ↑ programs for older female alcoholic and drug abusers.

3. Quality of Life

   o demographics of aging

      - differentiate ♀ from ♂ in data and cross-classify it (age, sex, race, income, geography, marital status) and separate older from younger women.

      - aggregate data should be collected in forms which bring older women out of invisibility.

Mini WHCoA - The Oral Health Care Needs of the Elderly

Issue Papers (no specific recommendations made)

1. Research on Oral Physiology and Aging

   - o research needed on oral physiology of aging;
   - o need epidemiologic data to judge meaning of purported age - related changes;
   - o distinguish between oral aging changes and changes 2° to pathology;
   - o role of systemic pathology and oral environment;
   - o research on the aging process, both in general and in particular, as related to oral health, must be continued and expanded.

Mini WHCoA - Pacific American Territories

March 18-19, 1981

Research - no recommendations.

Mini WHCoA - Pacific/Asians: The Wisdom of Age

Recommendations

1. Research and Demonstration

   - o $ in both areas to information base on the Pacific/Asian elderly population - utilizing P/A researchers in a P/A community.
   - o ↑ Long-Term Care demonstration efforts for P/A community.

2. Health Care
3. Economic Security
4. Social Security
5. Nutrition
6. Housing

Mini WHCoA - "Public/Voluntary Collaboration: a Partnership in Contributing to Independent Living for the Aged"

by NVOILA

Recommendations

1. Research

   o coordination of programs among voluntary organizations and public agencies including:

     - research on needs identification, methods of service delivery and evaluation.

2. Health Promotion/Disease Prevention, Health Maintenance

   o need a national policy on this as a component of the continuum of services system, including:

     - social, behavioral and biomedical research and a clearinghouse of research information.

Mini WHCoA - Recreation, Leisure and Physical Fitness

1. Research and Training

   - o ↑ Federal $ for research, training and demonstration in areas of recreation, leisure and physical fitness relating to the aging.
   - o evaluation and assessment should be undertaken to determine most cost-efficient, effective leisure, recreation and physical fitness approaches for older Americans and to promote such programs through national public information sources.
   - o ↑ Federal $ for research for determining effectiveness of media, publicity, news and information referral systems concerning older Americans.
   - o ↑ research on recreation and leisure behavior of older Americans' needs should be undertaken using longitudinal methods to determine better control for life stage and cohort or generational effects.
   - o ↑ NIA's information system to include all known aging resources.
   - o ↑ research on the disincentives to greater remunerative and voluntary work of elderly which may impede participation in leisure experiences.
   - o ↑ research on ways of modifying recreation and leisure activities, facilities and equipment to make them more age appropriate for elderly.

2. Physical and Mental Health
3. Older Americans in a Changing Economy
4. Retirement
5. Older Americans as a Growing National Resource
6. Housing and Physical Environment
7. Social and Health Aspects of Long-Term Care
8. Family Social Services and Other Supportive Systems
9. Governmental Structures for the Aging
10. Special Issues Facing Minorities

Issue

Agendas for research, development and programming should closely examine physical fitness of older adults, the means used to attain physical fitness, the value of physical fitness, its impact on functional independence, its cost effectiveness in terms of ↓ health care costs, etc.

Mini WHCoA - "Rediscovering Governance - Nonservice Approaches to Problems of the Aged"

1. State and Local Governments

2. Private and Non-Profit Sectors

3. Mutual Support Sector

   - o conduct further research on the utility and cost-shifting effects of non-service approaches to the needs of the aged through public interest associations and research institutions. Encourage sharing of policy research findings by state and local governments in their own efforts.

Mini WHCoA - The Rights of the Institutionalized Elderly and the Role of the Volunteer

Recommendations

1. Right to Long-Term Care
2. Right to Quality Care
3. Right to Participate in the Life of the Community
4. Right to Access to the Community
5. Right to Protection and Enforcement of Rights
6. Community Education and Training Programs

Mini WHCoA - Rural Aging

Recommendations

1. Mental and Physical Health and Long-Term Care
2. Social and Spiritual Well-Being
3. Social Service Delivery and Outreaching/Older Americans as a Growing Resource
   - o ↑ $ for research and development of educational materials programs, outreach and referral systems for alcohol and drug abuse.
4. Legal Services
5. Retirement Income/Economic Well-Being
6. Energy
7. Nutrition
8. Housing
9. Employment
10. Transportation

Mini WHCoA - Saving for Retirement

1. Profile of the Financial Condition of the Elderly
2. Improving the Living Standards of the Elderly
3. Providing an Expanding Economic Base to Support a Growing Elderly Population
4. Increasing National Saving
5. Investing National Saving in Most Needed Capital Resources

Mini WHCoA - Self Help and Senior Advocacy

1. Health Care

   - o HHS should ↑ geriatric medicine curricula in medical schools, including internships in long-term care facilities and incentives to medical students to make the study of geriatrics more rewarding;
   - o long-term care.

2. Energy
3. Legal Aid
4. Housing
5. Crime Prevention

   - o research.

6. Transportation
7. Income Maintenance

Mini WHCoA - Senior Centers

January 26-27, 1981

No specific reference to research issues.

Mini WHCoA - Simplification Symposium

(American Bar Association Commission on Legal Problems of the Elderly)

Recommendations

1. development of a single application form for the elderly for a number of benefit programs.

2. develop common definitions.

3. develop a focal point where there can be a comprehensive evaluation of the individual's needs, while decentralizing the delivery of services.

4. hearings and appeals procedures of the various benefit programs should be made as similar as possible with possible provision for government payment of reasonable attorney's fees or expanded legal services capacity for representation of the elderly in such matters.

Mini WHCoA - Spiritual and Ethical Value System Concerns

Recommendations

1. Spiritual Well-Being

   - o research on the quality of life, health and life satisfaction should include spiritual components, e.g., effect on aging persons of a belief in religion or vice versa; religion and policy and religion and gerontophobia.

2. Universal Ethics for an Aging Society

   - o ↑ research in preventive medicine - keep-well health assessment clinics using holistic health principles.

3. Role of Religious Institutions in an Aging Society

4. Church-State Relationships in an Aging Society

5. Attitutes of Society toward Aging

6. Contributions of Older Persons to Society

7. Age vs. Need as a Basis for National Policy

   - o ↑ research on the pros and cons of age vs. need as basis for policy.

Mini WHCoA - Transportation for the Aging

Recommendations

1. Funding and Subsidies
2. Coordination
3. Accessibility
4. Rural and Small Towns
5. Minorities
6. Future Service Planning
7. Equipment and Facilities Design
8. Mobility Issues
9. System Operations
10. Research and Development
    - o establish trends in the future availability of volunteers and what will occur if availability of volunteers changes;
    - o research in developing special needs transportation during emergency and natural disaster situations;
    - o research on multiple use vehicles;
    - o ↑ transportation research agenda;
    - o ↑ research on assisting people with communication difficulties in the transportation environment (visual/speech/hearing) - innovative methods of communication;
    - o research utilization to develop a network of communication re completed research and experience from demonstrations.
11. Energy and Inflation
12. Elderly and Transportation Service Advocacy
13. Personal Transportation and Pedestrianism
    - o ↑ professional/medical advisory group → basic screening criteria for drivers - physical limitations, road skills, knowledge of traffic laws and the nature of the exam itself.

Mini WHCoA - Transportation for the Aging

14. General Purpose Public Transportation

15. Paratransit Services

16. Interagency Coordination at the Federal Level

Recommendations

o government, private sector, unions = ↑ research, basic and applied in field of gerontology - process of aging and conditions of elderly - serve as basis for supportive services.

2. Problems/Other Issues

White House Conference on Aging

States

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Navajo Nation
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Marianas
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas

White House Conference on Aging

States

Utah

Vermont

Virgin Islands

Virginia

Washington

West Virginia

Wisconsin

Wyoming

State WHCoA - Alabama

March 12-13, 1981

1. Research

p.3 o seek to identify cost containment strategies on the part of providers, consumers, regulatory bodies and the government both locally and nationally.

State WHCoA - Alaska

Recommendations

V-D 1. Research data on aging within minority groups be more fully implemented in program planning by all agencies involved in formulation of policy.

V-A 2. o Provision be made for gerontological research within the State of Alaska.

- o ↑ research of the impact on older Alaskans of anticipated rapid developmental change both in rural and urban Alaska.
- o Research and data development are needed to provide the information for the implementation of issues related to economic security, social well-being, health and an integrated society.

State WHCoA - Arizona

March 4, 1981

1. Research

- o Increased funding should be made available for basic research in geriatric medicine;
- o The NIA and other research institutions around the country should be funded to do basic research on the process of aging;
- o Educational programs based upon current research should be established to arrest the misconceptions about the capacities of the elderly;
- o Religious institutions should be at the forefront of the effort to gain research on the ways and means to assist the aged and on the process of aging in general.

State WHCoA - Arkansas

1. Research

p.5
- o funds should be appropriated to the NIA to continue producing information for health professionals on geriatric patients.

p.11
- o ↑ funds for research into physical and psychological aspects of the aging process.
- o a portion of funding for aging programs under the Older Americans Act should be maintained to fund practical research into the most accurate methods of assessing the needs of older persons and in developing services to meet those needs in the most efficient and cost effective manner.
- o ↑ study on public benefits (e.g., SS, Medicare, Medicaid) to determine their effectiveness and the revisions needed in the programs.
- o gerontological studies are needed on a continuing basis to increase general knowledge of the aging population and its impact on society.

State WHCoA - California

April 27-29, 1981

Research

1. ↑ funds for basic and applied research and physical, psychological and social aspects of aging with provisions for program evaluations and for additional funding through innovative tax incentives for the private sector.

p.11

2. research should be undertaken on social, physical, emotional changes and human development, enhancing the quality and independence of life, income maintenance and health care systems, including problems of older women, ethnic and cultural minorities with recruitment of women and minority researchers.

3. continued research should be underetaken to assess and evaluate the changing education, training and personnel needs for professionals and para-professionals in the fields of gerontology and geriatrics.

State WHCoA - Colorado

October 9-11, 1981

1. Research

p.10 o Congress should provide funds for research and demonstration projects on unique and effective outreach and treatment strategies for minority, rural, frail and handicapped elderly, and nursing home residents.

State WHCoA - Connecticut

March 25, 1981

Research

- Resolve that specific programs and services be made available to facilitate family interaction such as low family air fares, insurance coverage for family therapy, assistance to families with handicapped or dying members, creative employment programs for students to serve as respite caregivers, playrooms and private visiting rooms in long term care settings, and support of behavioral science research and training on intergenerational interaction.

State WHCoA - Delaware

1. Research

p.3 o funds be earmarked for applied research on the medical, social and economic impact of rising energy costs on the vulnerable elderly.

p.6 o a national research initiative on Alzheimer's Disease be undertaken with funding equivalent to that for cancer or heart disease research.

p.10 o research on the quality of life, health and life satisfaction should include spiritual components.

State WHCoA - District of Columbia

May 1-2, 15, 1981

Research

p.9

1. Resolve that there be a continuation of basic and applied research in the biomedical and social science fields;

2. Resolve that research which enhances the direct provision of services be encouraged.

State WHCoA - Florida

1. Research

p.4 o recommend utilization of elderly as consultants, resource people.

State WHCoA - Georgia

March 2-5, 1981

Research

Resolve that:

p.11

1. Continued emphasis be given to the study of organic brain syndrome, focusing on causes, differential diagnosis, prevention and treatment programs;

2. Further research be conducted to identify variables that help people stay healthy in old age;

3. National research be conducted to determine the qualitative effectiveness of existing services to the elderly including education and training programs. The enabling and disabling aspects should be identified;

4. Emphasis will be placed on collaborative research between the National Institutes of Health and private organizations, particularly in the areas of arthritis, hearing and vision;

5. Federal support will continue for research in viable alternatives to long-term care and in-home health care in rural and urban areas;

6. Criteria, other than age, for voluntary and involuntary retirement be researched and developed.

State WHCoA - Guam

Research - none (no recommendations).

State WHCoA - Hawaii

December 4-5, 1980

Research - no specific recommendations.

State WHCoA - Idaho

1. Research

- o Support research into needs and attitudes of elderly living in rural areas.
- o Support research into methods of improving and expanding the delivery of health, social, long-term and other services at the local level.
- o Support basic research in biomedical areas of cellular biology and neurochemistry.

State WHCoA - Illinois

Research

1. ↑ funding for high quality basic, applied and policy research within the field of aging, including support for biomedical,
pp.3-4 psycho-social, economic and humanistic aspects of aging and the linkages among them.

2. support should be targeted on research which analyzes alternative ways of educating and communicating the basic core of knowledge about the aging process to those who work in the field and to the general public, including especially older persons; better mechanisms are needed for effective dissemination of research findings and knowledge about the aging process.

3. research should be supported on the conditions under which people retire between the ages of 55 and 70 and their situation after retirement - particularly in terms of nature of employment, economic status and health.

State WHCoA - Indiana

October 20-22, 1980

Recommendations

Research

1. Recognizes importance of encouraging broadly based research on the aging process with funding at more substantial Federal and state levels with stability of funding over longer periods for purposes of continuity of research. The recommendation is made:

p.11 Appropriate research should be funded to develop future career, clinical and research personnel in the field of aging with greater emphasis placed on research and education dealing with physical fitness, health maintenance and preventive medicine as well as acute illness.

Preparing for An Increasing Number of Older Americans Creating an Age-Integrated Society

1. Legislation, through funding appropriations, should encourage institutions of higher education to implement, improve or expand
p.9 professional preparation for career opportunities in gerontology and geriatrics and that education, research and continuing education opportunities be supported by appropriate funding allocations for the benefit of the aging and aged.

2. The Federal government should urge . . . universities and medical schools be contacted and urged to increase basic and clinical
p.10 research in geriatrics (e.g., senile dementia, osteoporosis, prostate disease with existing research monies inadequate to the task ahead).

State WHCoA -Iowa

April 12-15, 1981

Research - no specific recommendations.

1. Institutions of post-secondary and higher education should be required to include geriatric and gerontology training and
p.16 research as an integral component of programs for all medical, health-related and social service professionals.

2. Need for research that contributes to a better quality of life
p.17 for older adults and contributes to general knowledge about the aging process and longevity.

   - o AoA funds for research should be maintained and research supports to institutions of higher education should be continued at no less than the current level;
   - o The National Cancer Institute should be directed to create programs of clinical research specifically directed to the elderly;
   - o Research should be directed to focus on reducing or eliminating pathological, physical and social conditions that lead to premature aging and dependency;
   - o Funding should be directed to local and national research projects with the intent of determining whether service programs for the elderly should be age-integrated or age-segregated;
   - o Research emphasis in all national institutes should include geriatric and gerontological research.

State WHCoA - Kentucky

May 19-21, 1981

Research

No specific recommendations on research.

State WHCoA - Louisiana

April 3, 1981

1. Research - Two types needed: 1) aging and chronic illness;
   2) improvement of services - both relevant and related to perceived needs.

p.8
- o need for need-relevant research; research should be done on social/economic needs prior to eliminating programs.
- o research should be employed to determine the most effective and cost effective means of meeting those needs.
- o research needed on LTC, abuse, home care, housing, mental/spiritual health and their interrelationships in order to determine optimum means of service provision and care for the elderly.
- o research should be coordinated and use made of cross-national data in solving the problems of the elderly.
- o previous research on family communication should be implemented.
- o research should be done to develop options for the elderly in terms of life styles and service provision.

p.7
- o do more geriatric training and research, especially on medications for the elderly.

State WHCoA - Maine

October 7-8, 1980

1. Research

No recommendations made.

State WHCoA - Maryland

December 1980

Recommendations

Research

p.8 1. o develop mechanisms for evaluating the effectiveness, responsiveness and availability of programs involved in the network of aging services. These should include institutional, community and family services.

2. o conduct research into the theoretical process of aging and develop better measures of aging than chronological age to assess physiologic, psychologic and functional status.

p.9 3. o assess the factors affecting mental well-being in aging, e.g., isolation, loneliness, depression; need for affection; study the acceptance/rejection of aging by individuals and the impact of these attitudes on mental health and well-being.

4. Examine the development of stereotypes - give specific attention to the role of schools/media in fostering/reflecting attitudes regarding how society perceives the aged and how individuals perceive themselves as they age.

5. ↑ research on the effects on caretakers of caring for the functionally disabled elderly; determine how to attract caregivers, methods of support, rewards and ways to prevent physical and mental strain on caregivers.

State WHCoA - Massachusetts

May 19, 1981

Research

p.8 1. Adequate funds needed to support research which sets the direction for social policy and service planning shall be made available, particularly in the area of preventative health, with emphasis on the special needs of aged women and minorities.

p.12 2. The Federal government shall continue its support of research on the problem of elder abuse and intervention stategies.

p.13 3. Greater research on aging shall be fostered through increased and stable Federal funding with special emphasis on financial incentives to participating institutions.

p.14 4. Linkages shall be established between long-term care facilities and community resources including research opportunities while safeguarding patient/resident rights and privacy.

p.16 5. Research on the aging process shall include studies on successful aging including health habits and responsibilities for one's own health.

6. There shall be substantial increases in funding for basic biomedical, clinical, behavioral and interdisciplinary research on aging.

State WHCoA - Michigan

April 29, 1981

Research

Issue

There is a severe shortage of social research data in the field of gerontology. The lack of quantifiable, reliable and valid social research data has made it difficult for both policy makers and program planners to direct services to that specific segment of the older population who have need of them. The methodologies called for in the following resolutions stress the critical importance of: correct assessment techniques, appropriate minority sampling in surveys, and the appropriate use of minority professionals in design.

Policy Recommendations:

1. That a national ad hoc committee be established, preferably within the National Institute on Aging, for the purpose of developing a master plan for research on the impact of minority status and ethnicity on the adaptation to old age.

2. That federal and state policy decisions regarding innovative service interventions should be based upon results derived from the use of longitudinal, evaluative experiments designed to measure their reliability and validity.

3. That precise and reasonable monitoring systems should be developed by federal and state governments to measure the implementation of service interventions.

4. Research should be directed at the contribution of the primary physician and of the health care team to the care of the elderly.

5. That research be undertaken at the community, state and national levels for the purpose of determining appropriate and beneficial models of mental health support systems which would be most responsive to the needs of the elderly.

6. That the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the National Institute of Mental Health, the Administration on Aging, the National Institute on Aging, and other concerned agencies place a high priority on research activities dealing with detection, treatment, and prevention of alcohol and drug problems among older Americans.

7. That research be done on a long-term care reimbursement system that reflects the medical/health and social services model which will also determine the professional levels needed for care assessment.

State WHCoA - Michigan

8. The general authority granted by the Public Health Service Act be retained as the sole basis for National Institutes of Health appropriations.

9. A President's Council for the Health Sciences be established by the Congress, its primary function to provide for the continuing examination of the performance and planning of National Institutes of Health programs.

10. It is recommended that specific techniques be established for effectively differentiating between senility and reversible brain syndrome.

11. That investigation be done on the following:

    a. The incidence and extent of abuse of the older population as research subjects.

    b. The feasibility of instituting protective policies for the older persons in the event that abuse is identified.

    c. The legal and social implication of a guardian or consent giver for research participation of older persons who may be incapable of making such decision.

12. That federal and state governments should make every effort to reassess the housing needs of the elderly and rural local governments' abilities to meet these needs by means of surveys, then proceed to plan for the future housing needs.

13. That the federal and state governments initiate research which would document the most effective rehabilitation design for independent living programs for the elderly.

14. That federal and state governments, in coordination with the regional commissions on aging, should make every possible effort to determine the most effective medium which can be used to inform the elderly of the availability of the various assistance programs.

15. That the social and psychological antecedents of leisure behavior of the aged be determined.

16. That research be conducted on the area of abuse of the elderly.

17. That research be designed that brings about awareness of the diverse needs of those experiencing aloneness.

18. That the meaning of aging in various age groups of the American society be explored with the purpose of changing perspectives to improve the quality of living for the aged.

State WHCoA - Minnesota

May 27-28, 1981

Research

pp.4-5

1. Recommendation: To include a sound research/evaluation/dissemination component in all government funded programs for the aging; to encourage such a component in privately sponsored programs; to require the determination of the effectiveness of federal and state laws regarding the aging; and to encourage the technological development and increased evaluation of consumer products benefiting the aging.

2. Recommendation: To study the causes, effects and treatments of dementia occurring across the lifespan using biomedical, psychological and other appropriate techniques.

3. Recommendation: To study varieties of grouped housing arrangements and their advantages and disadvantages in local communities in comparison with the advantages and disadvantages for older people maintaining their own homes.

4. Recommendation: To identify optimal means for effective dissemination of research findings to targeted groups such as the handicapped, including the involvement of aging persons in such dissemination; education of researchers concerning ways to present their work in formats which non-researchers can understand and use; education of policy-makers and others to enable them to become intelligent interpreters of research findings; and the development of standards by which all interested persons can determine whether research for policy purposes has been adequately conducted.

5. Recommendation: To evaluate the economic and functional feasibility of establishing and utilizing innovative health providers, home health and emergency care services; and to study procedures and feasibility of hospice care, at the patient's own home or in a special facility or unit, as a service extension of long-term care facilities.

6. Recommendation: To determine the adequacy of the focus, organization category, location, number and type of professional organizations and personnel that provide mental health services and legal services specifically designed for older adults in Minnesota.

State WHCoA - Minnesota

7. Recommendation: To study the economic, societal and personal consequences of retirements that begin at various ages including demographic projection of dependency ratio changes; the causes and consequences of permanent and seasonal migration; the feasibility of public and private income maintenance during lengthening periods of life expectancy; incentives for older persons to continue working; and roles, contributions, and needs of older persons in their families and communities.

8. Recommendation: Investigate the admission criteria, the staffing patterns, the registered nurse's role, the degree of family involvement, and the possibility of over-medication that exists in long-term care facilities to determine whether the placement of older adults in such facilities is in their own best interest.

9. Recommendation: To involve older people themselves in doing research on programs in their local areas (both rural and urban), and in developing innovative strategies for coordination of services.

10. Recommendation: To study the unique needs and develop special programs for each of the following; the rural elderly, the racial minority elderly, and the handicapped elderly.

p.13 o It is recommended that communication be researched in all areas (e.g., consumer, health care, psychosocial, the media) that apply to the aged and their specific needs.

State WHCoA - Mississippi

May 18-20, 1981

Research - need for a centralized mechanism for education and research.

p.3 o encourage institutions of higher learning to become involved in aging research;

o a consortium and Center on Aging (in Mississippi) should be established by legislative mandate;

o more state and Federal funding should be made available for research in gerontology;

p.4 o more research should be conducted in the areas of resident care in long term care institutions;

p.5 o research efforts directed toward rehabilitation and disability assessment of older adults should be expanded.

State WHCoA - Missouri

May 11-13, 1981

Research

1. Further research in physical and mental health, nutrition, education in the use or misuse of drugs in geriatric care and the continuing education of the health care providers in the overall treatment of the Older American should be considered as an optimum program for the benefit of the older individual;

p.3

2. While taking into account programs already available, research should be done in order to assist the elderly individual to maintain his/her independence and dignity and to establish the most effective ways to meet their needs;

p.6

3. Efforts should be made toward securing continued funding of research and that the findings of such research be widely distributed in understandable lay terms.

p.9

State WHCoA - Montana

April 11, 1981

1. Research

No recommendations made.

State WHCoA - Navajo Nation

March 24-26, 1981

Research - No specific recommendations.

State WHCoA - Nebraska

April 27-28, 1981

Research - no recommendations.

State WHCoA - Nevada

June 19, 26, 1981

Research - No specific recommendations.

State WHCoA - New Hampshire

May 16, 1981

Research

1. The National Institute on Aging should expand and intensify its efforts to impact on media through its research efforts.

State WHCoA - New Jersey

March 24, 1981

Research

p.5 Federally supported research must help society anticipate the coming problems related to the increasing numbers and proportions of older people in our society and provide some directions to control them.

1. Increase Federal funding for research into the individual's mental and physical health in the later years;

2. Increase research and development of an effective information system on the interaction and interrelation of drug use, and potential abuse, by the elderly and those involved in the care of the elderly;

3. Develop, on the Federal level, effective evaluation methods to measure the impact of social service and how to construct the most efficient mix of services to the individual.

State WHCoA - New Mexico

May 7-8, 1981

Research

p.4

1. Additional emphasis (policy and funding) should be placed on research and training in the area of nutrition and the elderly;

2. Congress should provide substantial financial support for research, education and training in gerontology. In addition, matching funds should be allocated to states for local determination of research projects.

State WHCoA - New York

May 10-12, 1981

Research

1. Congress should include in its final recommendations on the 1981 Older Americans Act Amendments full authorizations at
p.12 no less than current (1981) levels for training, research, and demonstration programs (45.5 million).

State WHCoA - North Carolina

March 13, 1981

1. Research

o ↑ support for basic and applied research and research training in the field of aging and the aged via ↑ funding to the Division of Aging.

pp.19-20

- small grants program to develop basic and applied research projects.
- graduate school training for research careers.
- second career training in aging research for established professionals.

o Policy Recommendations:

1. Funding support should be made available for basic and applied research and research training in the field of aging and the aged. Such funds should be made available through increased funding to the Division of Aging.

   a. small grants program to develop basic and applied research projects.

   b. graduate school training for research careers.

   c. "second career" training in aging research for established professionals.

o Policy Recommendations:

1. That funds from the State be allocated to the Division of Aging to develop its research capabilities.

2. That a consortium be established, with members selected from among the public and private universties and colleges of the State which are engaging in research in aging, from the Division of Aging, and, from other agencies whose missions importantly involve the elderly, to link research and data resources to the needs of practice, policy, and planning.

3. That the University-State Agency Consortium serve as a Research Advisory Committee to the Division of Aging to help set Statewide priorities for research and provide impetus for securing the funds needed for research development.

State WHCoA - North Carolina

4. That there be established and funded, within the Division of Aging, a Statewide capability for:

   a. conducting continuing surveys to ascertain unmet needs of the aged;

   b. continued program demonstration/evaluation;

   c. the development of a continuing data base concerning the elderly, to guide policy and program development;

   d. the communication of the above data/information to local Councils on Aging: highlighting unmet needs and targeting groups and problems needing special attention;

   e. initiation of research projects in areas where findings would have a special value for planning.

o At both the state and Federal levels, encouragement should be given to, and funding provided for, research on abuse of older persons so that corrective measures may be devised and implemented; such research should focus on physical, social and economic abuse of older persons by their adult children, relatives and/or caretakers.

p.8

State WHCoA - North Dakota

May 11-12, 1981

Research - No specific recommendations made.

State WHCoA - Northern Marianas

April 24, 1981

Research - No specific recommendations.

State WHCoA - Ohio

April 22-24, 1981

1. Research

p.10
- o focus research on Alzheimer's Disease and other chronic diseases encountered by older persons.

pp.10-11
- o develop a comprehensive and coordinated national research agenda in aging involving a national consortium of foundations, professions, government, institutions, organizations, etc.
- o the agenda should include investigations into the use and effect of drugs on older persons, the socio-environmental-behavioral aspects of the lives of older persons and the disabling diseases encountered by them.
- o results of research should be disseminated to service providers by all state units on aging and area agencies on aging.
- o research results should be incorporated into professional education curricula.

State WHCoA - Oklahoma

April 20, 1981

1. Research

   o Studies should be undertaken to investigate the impact of social, economic, environmental and biomedical factors on the well-being of older people, including minority groups. Included in this study should be housing, sociology, economics, religion, long-term care, intergenerational relationships, education, (formal and in-service). State and private support must supplement waning Federal support for these areas - to support longitudinal as well as cross-sectional research.

pp.11-12

2. Research into the origin and possible improvement of attitudes and behavioral characteristics of health and service providers and their recipient populations should be undertaken; states should mandate the inclusion of training in gerontology and/or geriatrics into educational programs of all health and social services providers.

3. Periodic evaluation and assessment of the success and cost of each program (especially those aimed at improving the quality of life of older people) should be undertaken. Dissemination, as well as publication in non-technical terms, should be made of the findings and used as a base for the development of new alternatives and options.

4. A greater investment must be made in the production of knowledge about the aged and the aging processes. While service expenditures must not be reduced, there must be increased appropriations for research into the care and medical needs of our older population.

State WHCoA - Oregon

1. Research

pp.6-7

- o emphasize wellness-death with dignity, the focus of the implementation of research findings, involve multidisciplinary teams to increase adult independence through a maximum utilization of family and community supports.
- o educate seniors to use research findings for self-help purposes; utilize local senior groups to monitor, analyze and facilitate dissemination of research findings.
- o place research emphasis on survival needs and quality of life of older Americans.
- o establish a clearinghouse of information, facilitate use of information by elderly, monitor and evaluate information and make use of telephone hot lines and news media.
- o place emphasis on development of quality of life indicators in R&D projects; apply cost efficiency and effectiveness criteria to these indicators.
- o distribute 1980 census tract data to all counties and local communities as a basis for research planning.
- o set up demonstration projects and find ways to demonstrate the use of a personally owned health record.
- o promote internships in nursing homes and alternative institutions to upgrade the quality of training, curriculum and research in health and health-related educational programs.
- o determine ways to include older persons in the full research process to produce a better product, promote individual dignity and utilize his/her experience.

State WHCoA - Pennsylvania

March 22-25, 1981

1. Research

pp.3-4 o resolve that full recognition and research be provided for the development and delivery of high quality yet cost-effective long-term care health and social services; it is recommended that continued research to address the aging process and conditions relevant to the physical and mental well-being of the aging population be provided.

p.9 o resolve that advocacy effort be made toward the development of a team of gerontologists and directors of agencies serving the elderly to conduct research which will examine the changing role of the elderly in the areas of human values, basic needs, educational opportunities, self reliance and decision making; this research should address the impact of the issues and their relationship to regional differences.

1. Research

p.4

- o universities must provide degrees and promote research in the area of gerontology.

- o current social changes affecting the family within society and elderly members within the family must be studied in order to obtain an adequate comprehension of their overall meaning and their implications for attitude formation.

p.6

- o a nation-wide research program in gerontology should be established.

- o a compulsory data collection system should be developed and implemented to determine the needs of the elderly - and used as a resource for research and other activities in the field of gerontology.

- o leaders in the field of gerontology must participate in the creation of the intellectual environment that will promote research in gerontology.

State WHCoA - Rhode Island

1. Research

   - Resolve that funds be allocated for education, prevention and research in the field of mental health for the elderly.

State WHCoA - South Carolina

May 14-15, 1981

Research - no specific recommendations.

State WHCoA - South Dakota

April 7-8, 1981

Research

- The Federal government should do research on the inequities in the placement of the elderly in institutions in regard to the type of home and state residence;

- The Federal government should do research on the inequities in reimbursement for private pay versus medicaid;

- A research and demonstration project should be developed to discover ways to prevent moving the elderly in need of extensive health care away from their friends and community.

- Expansion of medical research should be focused on the normal age-related changes and associated chronic conditions, both physical and psychosocial;

- Research and demonstration projects should be developed to find ways to keep the elderly in their homes and active in their community.

State WHCoA - Tennessee

May 11-12, 1981

Research

No specific recommendations made.

State WHCoA - Texas

March 29-31, 1981

Research - Research into practice:

1. train service providers as pararesearchers to use data to set policies;

2. research findings with implications for policy and service program development should receive the widest possible distribution.

State WHCoA - Utah

(April 1981)

Recommendations

Research (VI)

1. Coordination

p.10
- o researchers in the field of aging should coordinate their efforts to select projects that meet critical needs, avoid duplications and with service providers.
- o findings should be communicated through existing organizational resources furnishing the elderly and those working with them, usable information.
- o Congress continue to fund NIA and increase funds as necessary to implement positive findings and defray increased research costs.
- o private organizations should be solicited and urged to contribute research monies to increase knowledge in the aging field.

2. Biomedical

p.11
- o ↑ research emphasis toward understanding the aging process with the results utilized in medical education and practice.
- o ↑ research on chemical substance abuse among elderly.
- o ↑ research on over-the-counter and prescribed drugs for the elderly to determine the correct dosage and regulatory requirements.

3. Behavioral and Social Sciences

p.11
- o ↑ research on reduction and prevention of dependency in later life.
- o ↑ research on meaningful ways to better utilize the time and talents of the "young-old."
- o ↑ research on needs of "old-old" (e.g., supportive and restorative health and social services).

p.12
- o ↑ research on specific personality, social, cultural, and environmental factors producing social competency and personal satisfaction.

State WHCoA - Utah

p.12 o special research attention should be given to the older person's relationships in the intergenerational family.

o ↑ research transcultural research (family, religious, community, etc.) should be done to determine positive concepts applicable to improving conditions of our aged.

4. Human Service and Delivery

p.12 o ↑ research on service systems to determine most effective organization to furnish services which have optimum content, quality and cost.

5. Research Training

p.12 o researchers need training in the field of aging before conducting research in aging.

State WHCoA - Vermont

November 19, 1981

Recommendations

1. Research

p.9 There is a need for more knowledge about the biological and social effects of aging and how this knowledge can be translated into public policy:

Policy Recommendation

- o ↑ funding to implement the National Aging Research Plan with emphasis on issues relating to long-term care services.

Action Recommendations

- o Fund research to understand the basic processes of aging, e.g., cellular changes in brain tissue.
- o Fund research to understand and control clinical manifestations of aging, e.g., senile dementia, behavioral management in nursing homes, bladder control programs.

p.10

- o Fund research to understand the interaction between older people and a dynamic society, e.g., family dynamics, retirement problems, income and health benefit programs, intergenerational communication and balancing of services/benefits between young and old.
- o Fund research to investigate how oportunities can be increased for older people to contribute more fully; retirement and employment; sexuality; effects of mass-media on self-perception; special problems of older women; alcoholism; volunteering; working; effects of public housing on quantity of life.

2. Older Americans as a Growing National Resource

p.8

- o Research should be funded to identify the value and contributions of older Americans.

State WHCoA - Virgin Islands

May 4-5, 1981

Research

No specific recommendations.

State WHCoA - Virginia

October 16-17, 1981

Research

No specific recommendations made.

State WHCoA - Washington

Recommendations

1. Research

   - o ↑ support for NIA to undertake comprehensive, systematic and intensive studies of the biomedical, behavioral and social aspects of aging, with special emphasis on the mental health needs of older persons for the purpose of promoting the well-being of older persons.

   - o Federal research and model projects should focus on the minority elderly, rural elderly, disabled elderly and older women.

State WHCoA - West Virginia

March 24-25, 1981

Research

No specific recommendations on research.

State WHCoA - Wisconsin

May 5, 1981

1. Research

pp.5-6

- o Congress shall ensure that adequte funding shall be allocated to health and human services research efforts of importance to older citizens;
- o ↑ private enterprise and foundations to allocate funds for pure and applied research in aging;
- o older citizens shall participate in identifying research issues and the dissemination of research findings;
- o ↑ research on natural support systems for the care of the elderly - family and other natural caretakers - in order to provide the least restrictive and most humane care consistent with the optional quality of life;
- o research shall investigate the impact and interrelationships of taxation, retirement benefits and other pertinent fiscal policies on the economic well-being and equity of older persons - particularly with regard to work opportunities in later life;
- o research should address as priority issues:
  - life span education
  - maintenance of health
  - disabilities and long-term illness
  - polypharmacy and drug use
  - nutrition
  - training/educational goals in gerontology of all health-related professionals and occupations
- o the results of gerontological research and the development of new knowledge shall be disseminated and applied in the formation of public policy and the conduct of activities of the institutions, programs and services in order to benefit the health and well-being of all persons;

p.5

- o research and training in the many conditions which produce senile dementia shall be publicly supported and promoted.

State WHCoA - Wyoming

June 4, 1981

Research

No specific recommendations on research.